

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|--|---|--|--|--|---|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155086 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/20/2011 | |
| NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 343 S NAPPANEE ST ELKHART, IN46514 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K0000 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/20/11</p> <p>Facility Number: 000034 Provider Number: 155086 AIM Number: 100274880</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodland Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> | | | K0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 80 and had a census of 66 at the time of this survey</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/25/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0029 SS=E | <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 storage room doors serving hazardous areas for Unit 1 closed and latched to prevent the passage of smoke. This deficient practice could affect residents, visitors and staff in and near the storage room.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 04/20/11 at 1:40 p.m., the door to the Unit 1 storage room containing cleaning supplies and chemicals did not have a door closer and did not automatically close and latch. The storage room contained boxes and plastic containers of cleaning</p> | | | K0029 | <p>K029</p> <p>Our facility strives to provide the best care possible. In accordance with that policy, we have addressed the following issue.</p> <p>No residents were affected.</p> <p>An automatic door closer and latch was installed on the door to unit 1 storage room on 5/2/11.</p> <p>Maintenance Director was educated on the proper maintenance for the unit 1 supply room door closer to ensure door automatically closes and latches.</p> <p>The Maintenance Director will</p> | | 05/06/2011 |

[illegible]

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| | <p>Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the Generator Maintenance records on 04/20/11 at 12:25 p.m. with the maintenance supervisor, there was no documentation available which indicated the horsepower rating of the generator engine. Based on interview with the maintenance supervisor, he stated no remote shut off device existed for the generator, furthermore, the maintenance supervisor indicated he was not sure if the generator was 100 horsepower or more. The maintenance supervisor indicated</p> | | | | <p>The Maintenance Director will check remote shut off device weekly for proper functioning for 2 months, bi-weekly for 2 months, monthly for 2 months and as needed when deemed necessary by the QA committee</p> <p>5/6/11</p> | | V |

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| | the generator was installed before 2003. 3.1-19(b) | | | | | | |